

Upgrading community mental health services

Improved accountability, effectiveness, and opportunities for stakeholder involvement

Improving mental health services

The improved system requires greater accountability and effectiveness of Regional Support Networks (RSNs)

- Greater involvement with consumers and, families in designing and implementing mental health services
- Focus on services which support recovery and resilience
- Increased use of evidence-based practices
 - Increased collaboration with law enforcement
- Improved access to mental health services

Requirements of the RFQ also include

- A consistent benefit package available within each RSN
- Implementation of national managed care standards for customer service and quality of care
 - Improved allied system coordination

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I N 2005, the Washington State Legislature passed E2SHB 1290, landmark legislation that

instructed the Department of Social and Health Services to begin an upgrade in the way the state will fund and supervise community mental health services. The legislation requires expanded opportunity for consumers, families and advocates to influence the way mental health services are handled, and upgrades the accountability for how state taxpayers' dollars are spent.



The effort began upon passage of E2SHB 1290 with the development of standards for the Regional Support Networks (RSNs). The RSNs administer community-level mental health treatment by subcontracting with local providers and provider groups. A Request for Qualifications (RFQ) was distributed to the state's 14 RSNs in advance of the current state contract's expiration in August 2006.



The standards included in the RFQ stem from requirements of E2SHB 1290 and the Balanced Budget Act of 1997 (BBA). These standards require RSNs to perform administrative functions that are typical for behavioral health managed care organizations. RSNs are required to demonstrate how they will be accountable for the delivery of effective and efficient services in order to sign new contracts in September 2006.

All 14 RSNs submitted responses to the RFQ by the December 1, 2005, deadline. Eight of the 14 RSNs (*shown in boldface on the Page 2 map*) were determined by independent evaluation teams to be substantially compliant with requirements in the RFQ. DSHS intends to renew contracts with these RSNs in September 2006. A Request For Proposals (RFP) covering those areas in which an existing RSN was not substantially compliant will be issued in March 2006, and any RSN that did not meet those requirements will have the opportunity to submit proposals as part of the new bidding process. The RFP will also be open to other kinds of organizations that may be interested in the contracts.

Four myths about the effort to improve Washington State's mental health services

MYTH 1: The RFQ requirements create the "highest bar" ever set in the US for a Medicaid managed mental healthcare plan and requires RSNs to exceed common administrative standards.

FACT: The RFQ administrative requirements are in line with typical standards of public sector behavior health managed care systems and consistent with requirements of the Balanced Budget Act of 1997 (BBA) and E2SHB 1290.

MYTH 2: The new requirements will shift funds away from client services and waste them on administrative costs.

FACT: Improvements in administration of resources will ensure consumers receive appropriate access to effective and efficient care.

MYTH 3: The RFQ bogs down in coordinated care requirements that have nothing to do with quality of care.

FACT: Coordination of care is a fundamental duty in any health-care system, and a lack of coordination has been one of the consistent complaints expressed by Washington stakeholders and clients.

MYTH 4: Provider network monitoring requirements will force RSNs to spend more than they are funded for.

FACT: Network management is a tool used by managed care organizations to ensure there are adequate services available to reduce the need for high-cost care (i.e., hospitalization or crisis services)

Upgrading the state's community mental health system

The decision to upgrade Washington's mental health standards and delivery system followed a year-long review of mental health services and funding levels by a joint legislative-executive task force. A key issue under review was how and whether the state could replace about \$80 million in Medicaid dollars that would no longer be available for mental health care in the current biennium. In its final report, the task force concluded that those services were critical to community mental health programs. The task force recommended – and the Legislature ratified – the appropriation of state-only dollars to replace the lost federal funds. Many of the task force recommendations were incorporated into two mental health reform bills passed last session, E2SHB 1290 and E2SSB 5763. Other highlights of these bills related to mental health improvements include:

- Expedited Medicaid eligibility processes for individuals with mental disorders transitioning from institutions
- Pilot projects for integrating mental health and chemical dependency crisis response including new secure detoxification facilities
- Integrated screening and assessment for mental health and chemical dependency issues

Regional Support Networks: Boldface RSNs have been found to be in substantial compliance with the RFQ. Remaining areas will be rebid this spring.



Washington receives federal Mental Health Transformation Grant

Washington is one of seven states to win a Mental Health Transformation Grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The grants, which will total between \$2 million and \$3 million per year for each state over the next five years, will enable a comprehensive review of mental health services at every level of government and encompass all state and local programs – public health, law enforcement and corrections, employment security, education and social services – that are involved with mental health.

